		APPLICATI Effe	or FOcto				JHU		09/	776	5299	1	
CLAIMS LED - PART I (Column 1) (Column 2)								SMAL. ENTITY			OTHER THAN		
T	OTAL CLAIM:	S	(Colum			(CONTINUE)		TYPE		OR 7			
FOR			NUMBER FILED		NUMBER EXTRA			RATE BASIC FE	FEE	+	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			0/		. /			BASIC FE	-	OR	BASIC FEE	100	
INDEPENDENT CLAIMS					•	/		X\$ 9=		OR	X\$18=	18	
_	· · · · · · · · · · · · · · · · · · ·							X40=		OR	X80=		
1414	DETIFICE DEPE	NDENT CLAIM F	PRESENT					+135=	1	OR	+270=	,	
• 1	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	Į	TOTAL	1	- ∤````		11 6-	
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL	118	
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL		
AMENDMENT A	Ž.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus			=	ŀ	X40=	ļ	1 1	X80=		
_	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		┢	740-	 	OR	X80=		
ñ							L	+135=		OR	+270=	,	
							Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
_		(Column 1)	43:00 to 61	(Colum		(Column 3)	_	···					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			=	Γ	X\$ 9≃		OR	X\$18=		
	Independent		Minus	***		=	\vdash	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\perp	7,402		OR	X60=		
							L	+135=		OR	+270=		
								TOTAL DDIT. FEE		OR A	TOTAL ODIT. FEE		
		(Column 1) CLAIMS	1977/67	(Colum		(Column 3)							
AMENDME	Timber (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	4.		=	十	X\$ 9=	FEE	}	V610	FEE	
	Independent	•	Minus	***		=	\vdash			OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=		
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter #20 *									OR A	TOTAL DDIT. FEE		
ī	he "Highest Num	iber Previously Pai	d For" (Total of	Independer	iess thai it) is the	n 3, enter "3." highest number		DIT. FEE	ropriate box				

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